



Committee Name: CITIZENS for CHANGE

FEC ID

Today's Date

: 07/16/2014

Federal Election Commission 999 E. St., NW Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees."

Respectfully Submitted,

Wayne Walker, Treasurer

1403-128-0842

FEC

Use

Only

STATEMENT OF **ORGANIZATION**

RECEIVED

(Revised 06/2012)

2014 JUL 23 AM 9: 06 FORM 1 NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. 1Ĉ1712ENS, FOR CAADGE ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS ILNFORCECPAC, ORG (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address ICF, CPAC. ORG. is changed) 07/16/2014 DATE FEC IDENTIFICATION NUMBER > IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. AIKER Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437q. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

	FE	C For	m 1 (Revised 02/2009) Page 2			
).		OF COMMITTEE				
	Candidate Committee:					
	(a)	П	This committee is a principal campaign committee (Complete the candidate information below.)			
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cand information below.)					
Name of Candidate						
Candidate Office Party Affiliation Sought: House Senate						
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candid					
	Party	Party Committee:				
	(d) ,		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.			
	Politi	Political Action Committee (PAC):				
	(e)					
		_	Corporation Corporation w/o Capital Stock Labor Organization			
			Membership Organization Trade Association Cooperative			
			In addition, this committee is a Lobbyist/Registrant PAC.			
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party					
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)						
			In addition, this committee is a Lobbyist/Registrant PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint	Fund	raising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
	Committees Participating in Joint Fundraiser					
	1.					
		2.	FEC ID number C			
		3.	FEC ID number C			
		4.	FEC ID number C			

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-Write or Type Committee N	ame	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONELLI	.	
Mailing Address		
	CITY STATE .	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in po	ssession of committee
Full Name	<u> </u>	
Mailing Address		11111
Title or Position	CITY STATE	ZIP CODE
(I,RE,AS,U,RE	Telephone number	
8. Treasurer : List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee, and the n.g., assistant treasurer).	ame and address of
Full Name of Treasurer	YNE, WALKER	1 1 1 1 1 1
Mailing Address	1134 MONROE STREET,	
	HASKELL O74	ZIP CODE
Title or Position		37,1,-10,1,20

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Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

Mailing Address

CITY STATE ZIP CODE

1903-128-0845

U.S. POST PATEL IN HASKEL IN 17-20-20 JUL 17-20-20 AMOUNT 20-463

Toloral ELECTIONS Commission

999 E Street N.N. WASHINGTON OC 20463 FEC MAIL DENTE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked ÚSPS First Class Mail USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):